**Boston College Bias-Motivated Offensive Conduct Reporting Form**

Boston College is committed to advancing and sustaining an environment that is welcoming and respectful to all members of its community. University is committed to addressing incidents of bias and appreciates your assistance in bringing these incidents to our attention. The form can be completed by either victims of bias-related incidents, witnesses to them or by students, faculty and staff members whom others have reported incidents. Please include as much information as possible.

We encourage you to report incidents of hate to the Boston College Police or other designated authorities before using this form. See either the [“If you have been a target of hate”](http://www.bc.edu/offices/diversity/hate-crime-conduct-proto/target-of-hate-crime.html) or the [“If you have been a witness”](http://www.bc.edu/offices/diversity/hate-crime-conduct-proto/witness-of-hate-crime_.html) section of the Hate Crime and Bias-Motivated Offensive Conduct Protocol for further information about what should be reported and how to do so.

Reports will be kept confidential to the extent possible unless it requires judicial or administrative action. Once the form is completed and saved, send it as an e-mail attachment **using your BC email account** to Executive Director of the Office for Institutional Diversity at [patricia.lowe@bc.edu](mailto:patricia.lowe@bc.edu). You may also print your completed form and hand deliver it to Patricia Lowe at the Office for Institutional Diversity, 129 Lake Street, room 211. **Forms received via Campus Mail or U.S. Mail will not be accepted.**

If you have any questions about the form, its use, or the Hate Crimes and Bias Motivated Conduct Protocol, please contact the Office for Institutional Diversity at 617-552-2323 or visit the [Hate Crime and Bias-Related Incident web home](http://www.bc.edu/offices/diversity/hate_crimes_protocol.html).

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

***Click in a Grey area to begin entering a response***

1. Name of person providing this information: 
2. Status of person reporting:



If other please specify: 

1. Date this report was made:   

Month Date Year

1. Date incident occurred:   

Month Date Year

1. Approximately what time did incident take place:  

(Midnight = 12: a.m.; noon = 12:00 p.m.)

1. Was this incident reported to anyone? 

If yes, to whom was it reported? 

Were you satisfied with the result? Explain. 

Was this reported to BCPD? 

1. This is a:





1. Is the person filling out this form:





****





1. How many people were attacked or targeted in the incident? 

Were they (check all that apply):

 

 

 

 

1. How many perpetrators were involved in the incident? 

Were they (check all that apply):

 

 

 

 

1. In the space below, please describe the perpetrator(s) in as much detail as possible, including name, gender, estimated age, and physical characteristics etc.



1. In the space below, please describe what happened in as much detail as you can, including times, locations, number of witnesses, and the details that make you believe the incident was hate-motivated.



1. What types of identity do you believe this incident was targeting (i.e., was it based on assumptions about race, sexual orientation, disability, etc.)? Please check all that apply.

 

 

 

 

 

1. What form(s) did the incident take? Please check all that apply and describe, if applicable.





 

 



 

1. If you would like a trained advocate to contact you to follow up on this report, please write in the space below any contact information you would like us to have (telephone number, e-mail address, etc.) You **do not** have to enter this information to file a report.



Thank you for completing this form. If you wish to make changes or additions to your report at any time, please use this form again and check “Modification of an existing report” in question 6.